



CDC's Country Management and Support Initiative

Report Summary for May 2011 Country Management and Support Visit to Swaziland

Background

As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State Office of the U.S. Global AIDS Coordinator. CDC uses its technical expertise in public health science and long-standing relationships with Ministries of Health across the globe to work side-by-side with countries to build strong national programs and sustainable public health systems that can respond effectively to the global HIV/AIDS epidemic. All CDC global HIV/AIDS PEPFAR-related activities are implemented by the Division of Global HIV/AIDS (DGHA) in CDC's Center for Global Health.

CDC's Commitment to Accountability

CDC/DGHA launched the Country Management and Support (CMS) initiative in 2011 to identify any challenges resulting from the rapid scale-up of complex PEPFAR/CDC programming as part of CDC's commitment to transparency and accountability. This initiative serves as a basis for ongoing, monitored quality improvement of CDC/DGHA's programs and operations through internal programmatic and financial oversight. CMS is a proactive response on the part of CDC to ensure that CDC/DGHA is supporting the Presidential Initiatives, Department of State, and Office of the U.S. Global AIDS Coordinator. The CMS strategy is designed to assess CDC/DGHA's accountability in the following key areas:

- **Intramural Resources:** Ensuring proper management and stewardship of financial resources, property, and human resources within CDC's overseas offices
- **Extramural Funding:** Ensuring responsible and accurate management of financial and other resources external to CDC's overseas offices
- **Public Health Impact:** Ensuring the delivery of consistently high quality interventions and technical assistance that positively impact the populations the program serves

Swaziland Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Swaziland from May 9-13, 2011. The principal objectives of this CMS visit were to:

- Perform a CDC/DGHA headquarters assessment of internal controls in the field to ensure the highest level of accountability
- Provide clear feedback and support to the country office to improve current internal controls
- Refine, systematize, and modify CMS methodologies, processes, and associated tools for full implementation of the CMS across all CDC/DGHA-supported programs in the field

CDC/DGHA headquarters (CDC/HQ) in Atlanta, Georgia assembled an intra-agency multidisciplinary team of six subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural management, procurements and grants, financial management, and key technical program areas.

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Swaziland (CDC/Swaziland), which included one-on-one meetings with staff, administrative and technical site visits with grantees, data quality spot checks, and reviews of internal financial documents and controls at CDC and grantee offices. A desk review was completed for financial documents (343 transactions for the 12 month review period of 4/1/2010 – 5/19/2011 with transactions totaling \$883,636). Assessment tools and checklists were developed by CMS leadership in consultation with subject matter experts at CDC/HQ. This methodology was designed to provide a “point in time” synopsis of CDC/Swaziland’s operations.

Scope

CMS visits are designed to provide an overview of CDC/DGHA country programs and identify best practices and areas for improvement. These visits should not be considered comprehensive and are not intended to replace Inspector General audits. The scope of this CMS visit focused only on the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

Program Background

CDC/DGHA began supporting Swaziland in 2004 and opened the CDC/Swaziland office in 2007. PEPFAR is the principal development investment of the U.S. Government in Swaziland and the only health program. PEPFAR is committed to supporting Swaziland’s public and non-public sectors to bring treatment services to the community level, strengthen HIV prevention programs, scale up male circumcision, mitigate the impact of HIV on children, and build the capacity of institutions. With PEPFAR support, approximately 60% of the eligible population (at CD4 count threshold of 350) now receives anti-retroviral therapy (ART). Prevention of mother-to-child transmission (PMTCT) services now reach an estimated 85% of pregnant women attending antenatal care sites. Furthermore, increases in coverage of ART, PMTCT, tuberculosis (TB) and testing and counseling programs demonstrate the increased commitment by the public sector to address Swaziland’s HIV/TB needs.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. The most salient findings were the positive staff morale and good working relationships within the PEPFAR office and with grantees. CDC/Swaziland is a small office with three U.S. direct hires and two locally employed staff. The staff members are highly satisfied with their work and are doing an excellent job managing a sizable portfolio. Staff expressed frustration regarding the lack of career development opportunities (e.g., trainings, scientific meetings, conferences), which they felt were limited due to the small staff size and inability to provide coverage.

Recommendations:

- CDC/Swaziland should evaluate whether current staffing is sufficient to meet program needs and work with the International Operations Team at CDC/HQ. This will allow key personnel temporary coverage to attend career development opportunities
- CDC/Swaziland should improve documentation, including populating personnel files and developing standard operating procedures for administrative procedures

Programmatic Portfolio and Management. The CMS team found that the portfolio is well-targeted to Swaziland's generalized HIV epidemic. However, staffing limitations constrain CDC/Swaziland's capacity to work efficiently towards its mission, which needs to involve substantial technical assistance and mentoring for the Ministry of Health which itself is severely constrained by human capacity. The critical factor limiting the office's ability to be properly staffed is the inadequate office space.

Recommendation:

- CDC/Swaziland should review its minimum requirements in terms of personnel and office space and update their staffing plan accordingly

Technical Program Areas. The CMS team found that, in general, CDC/Swaziland provides excellent technical supervision to grantees, but partner and site visits are neither systematized nor documented. For a country with such a high HIV prevalence, the CMS team was concerned that Prevention with Positive activities are limited, uptake of adult male circumcision is relatively slow, and the scale-up of pediatric treatment has been much slower than adult treatment.

Recommendations:

- CDC/Swaziland should develop standard operating procedures and consolidated written strategies for each program area across grantees. Project managers should also conduct quarterly technical monitoring of grantee progress towards specific outcomes and document their findings in a standardized format
- CDC/Swaziland should continue to support more rigorous implementation of Prevention with Positive, male circumcision and adult treatment programs

Science Office. The Swaziland Country Director has responsibility for Science Office functions. Due to heavy workload and small staff size, relatively few publications and other products are being submitted for clearance. Staff expressed frustration regarding the lack of clearance transparency, as it is difficult to determine where and why protocol and manuscript clearance is delayed at HQ. While CDC/Swaziland efficiently monitors and lifts restrictions, documentation is limited.

Recommendations:

- CDC/Swaziland should develop standard operating procedures to support cooperative agreement grantees in clearing Science Office restrictions
- CDC/HQ should provide greater transparency of the clearance process

Program Management

Procurement and Grants, and Program Budget and Extramural Management. The CMS team found that the CDC/Swaziland office has solid internal controls and they are good stewards of federal tax dollars. In general, CDC/Swaziland is managing the budget and extramural funding well. A budget reporting and reconciliation process is in place and the Deputy Director has thorough knowledge of all cooperative agreements in Swaziland. Grantees generally had required documentation on hand and were able to describe processes and procedures. Grantees report that CDC staff are readily accessible and are an integral part of their programs.

Recommendation:

- While the staff are very knowledgeable and implement their work according to CDC policy, CDC/Swaziland should improve documentation practices, including the development of a document warehouse that is accessible to all staff, and finalize all standard operating procedures for cooperative agreement administration and site visits

Financial Management

Financial operations are carried out by the Country Director and Deputy Director who are currently working on formally documenting administrative/budget policies and procedures. The CDC/Swaziland office does not operate any petty cash and does not subscribe to several International Cooperative Administrative Support Services including warehousing, furniture, non-residential building operation, and American personnel services. A small excess of furniture is stored at a CDC/Swaziland employee's house.

Recommendations:

- CDC/HQ should consider developing a standard administrative/operations manual for all CDC field offices that would provide guidance and consistent practices to international finance staff
- CDC/Swaziland should contact property officials at PGO to ensure internal controls around safeguarding property are in place, and to ensure government-owned property is being stored properly

Next Steps

The CMS team shared their key findings and recommendations with the CDC/Swaziland office and CDC/HQ. The team also developed a scorecard for internal management use, which is populated with all of the issues identified during the visit, recommendations, due dates, and primary point of contact for each issue.